

STANDARD CERTIFICATE OF DEATH

State File No. 15294

FILED MAY 5 1953

BIRTH NO.

REG. DIST. NO. 291

PRIMARY REG. DIST. NO. 4433 Registrar's No. 24

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Unionvillec. LENGTH OF
STAY (In this place)
Life Timed. FULL NAME OF
HOSPITAL OR
INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Putnam

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Unionvilled. STREET
ADDRESS

(If rural, give location)

4. DATE
OF
DEATH April 11, 19533. NAME OF
DECEASED
(Type or Print)

a. (First)

Sarah

b. (Middle)

Elizabeth

c. (Last)

Martin

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

February 21, 1865

9. AGE (In years
last birthday)

88

IF UNDER 1 YEAR

Months Days

I 10

IF UNDER 18 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR IN-
DUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Putnam County, Missouri

12. CITIZEN OF WHAT
COUNTRY?

U. S. A.

13a. FATHER'S NAME

A. J. McGee

13b. MOTHER'S MAIDEN NAME

Nancy Jane Ryals

14. NAME OF HUSBAND OR WIFE

Noah Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY
NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Neta Proffer Unionville, Mo.

ADDRESS

18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, ashenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

MEDICAL CERTIFICATION

Cerebral embolism
arteriosclerosis +
hypertension
Carcinoma of left cheek
of faceINTERVAL BETWEEN
ONSET AND DEATH7 days
years19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month)

(Day)

(Year)

(Hour)

21e. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1953, to April 11, 1953, that I last saw the deceased
alive on April 10, 1953, and that death occurred at 2:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

4-13-53

24c. NAME OF CEMETERY OR CREMATORY

Unionville Cemetery

24d. LOCATION (City, town, or county)

Unionville, Missouri

(State)

DATE REC'D BY LOCAL
REG.

4-28-53

REGISTRAR'S SIGNATURE

Marcell Durbin

25. FUNERAL DIRECTOR'S SIGNATURE

By John D. Comstock

ADDRESS

Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1918

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John N. Comstock

Signed

Student Embalmer

Licensed Embalmer No. *3891*

P. O. Address *Thosville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.